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133 I	UTILITY				Attorney Docket No: 10806-239 Total Pages: 65						
					First Named Inventor: Patricia Ann PIERS						
U.S.	TRANSMITTAL			Title: Multifocal Ophthalmic Lens							
当				Express Mail Label No. EL981805592US							
Only	for new	nonprovisional applications		1			lii	긕			
See M	APPLICATION ELEMENTS tee MPEP chapter 600 concerning utility patent application contents				ADDRESS	Commissioner for Par .O. Box 1450	Stop Patent Application missioner for Patents Box 1450 andria, VA 22313-1450				
1.		Utility Patent Appli		7. M			er Program (Appendix)				
2.		[Total Pages: 2]	s) small entity status	, 37	8. 🔲 Nı	ucleotide and/or ubmission (if a	eotide and/or Amino Acid Sequence mission (if applicable, all necessary) Computer readable copy				
3.		Specification, Clain [Total Pages: 59]	ns and Abstract		ъ		(identical to con	nputer			
4. 5.	\boxtimes		C 113) [Total Sheets	: 4]	c. Statement verifying identity of above copies						
ا.	a.	☐ Newly execute	ed (original or copy)		Accompanying Application Parts						
	b.	Copy from a p	orior application (37	CFR	9. Assignment Papers (cover sheet &						
			continuation/division leted) [Note Box 6 b		document(s))						
		i. DELETI	<u>2S</u>								
		Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2)			attorney (when there is an assignee) 11. English Translation Document (if						
					applicable) 12. Information Disclosure Statement						
6.	1.33(b).				(IDS/PTO-1449)						
0.	Incorporation By Reference (useable if checked) The entire disclosure of the pr				Copies of Citations						
		application, from which a copy of the oath or			13. ☐ Preliminary Amendment 14. ☐ Return Receipt Postcard (MPEP 503)						
	declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby				 15. Certified Copy of Priority Document(s) 16. Request and Certification Under 35 U.S.C. 						
		incorporated by ref			§122(b)(2)(B)(i) 17. Other: Claim for Priority Under 35 U.S.C.						
			19	•							
			17. F	TEE CALC	CULATION						
CLA	IMS	(1) FOR	(2) NUMBER FILED	(3) NUN	MBER EXTRA	(4) RATE	(5) CALCUI	LATIONS			
		TOTAL CLAIMS (37 CFR 1.16(c)	105 -20 =		85	x \$18 =	\$1530.00				
		INDEPENDENT 4 - 3 = CLAIMS (37 CFR 1.16(b)		1	x \$86 =	\$ 86.00					
	MULTIPLE DEPENDENT CLAIMS			plicable) (3	37 CFR 1.16(d))	+ \$=	\$		_		
	BASIC FEE (37 CFR 1.16(a)								\exists		
	Total of above Calculation						s = \$2386.00				
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			= \$2386.00	\$2386.00							
18. ☐ Please charge Deposit Account No. 04-1133 in the amount of \$ 19. a. ☐ A check in the amount of \$ is enclosed. b. ☐ Please charge the amount of \$2386.00 to our Visa credit card account. Form PTO-2038 is attached. 20. ☐ The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 04-1133: a. ☐ Fees required under 37 CFR 1.16 b. ☐ Fees required under 37 CFR 1.17											

21. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: Continuation Divisional Continuation-in-part (CIP) of prior application No. filed												
22. CORRESPONDENCE ADDRESS												
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Respectfully submitted,

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